



PREFERRED DRUG LIST

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INHALATION AGENTS

Anticholinergics for the Maintenance Treatment of COPD

Preferred	Non-Preferred, Prior Authorization Required
Spiriva® Handihaler® (tiotropium)	Atrovent® HFA (ipratropium bromide) Incruse Ellipta® (umeclidinium bromide) Spiriva® Respimat (tiotropium) Tudorza PressAir® (aclidinium)

Beta₂-Agonists - Long-Acting

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Serevent® Diskus® (salmeterol)	Arcapta® (indacaterol) Brovana® (arformoterol) Perforomist® (formoterol) Striverdi® Respimat® (olodaterol)

Beta₂-Agonists - Short-Acting

Preferred	Non-Preferred, Prior Authorization Required
AccuNeb® (albuterol)	Maxair® (pirbuterol)
ProAir HFA® (albuterol)	ProAir RespiClick® (albuterol)
Proventil® HFA (albuterol)	Ventolin HFA® (albuterol)
Proventil® Inhalation Solution (albuterol)	Xopenex® Inhalation Solution (levalbuterol)
Ventolin® Inhalation Solution (albuterol)	Xopenex HFA® (levalbuterol)

Beta₂-Agonists - Long-Acting/Anticholinergics

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Anoro Ellipta® (umeclidinium/vilanterol)	Utibron™ Neohaler® (indacaterol/glycopyrrrolate)
Bevespi Aerosphere™ (glycopyrrrolate/formoterol)	
Stiolto® Respimat® (tiotropium/olodaterol)	

Beta₂-Agonists - Long-Acting/Corticosteroids

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Advair Diskus® (fluticasone/salmeterol)	Airduo™ Respclick® (fluticasone/salmeterol)
Dulera® (formoterol/mometasone)	Advair® HFA (fluticasone/salmeterol)
Symbicort® (budesonide/formoterol)	Breo Ellipta® (fluticasone/vilanterol)



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Inhalation Agents (continued)

Corticosteroids

Preferred	Non-Preferred, Prior Authorization Required
Alvesco® (ciclesonide)	Aerospan® (flunisolide)
Arnuity Ellipta® (fluticasone)	Armonair™ RespiClick® (fluticasone)
Asmanex® (mometasone)	Asmanex® HFA (mometasone)
Flovent® HFA (fluticasone)	Flovent® Diskus® (fluticasone)
Pulmicort Flexhaler™ (budesonide)	Pulmicort Respules® (budesonide) *> 7 years of age
Pulmicort Respules® (budesonide) *≤ 6 years of age only	QVAR RediHaler®(beclomethasone)
QVAR® (beclomethasone)	

Tobramycin Products

Preferred	Non-Preferred, Prior Authorization Required
Bethkis® (tobramycin)	Tobi® (tobramycin)
Kitabis pak® (tobramycin nebulizer)	Tobi® Podhaler™ (tobramycin)

INTRANASAL AGENTS

Antihistamines

Preferred	Non-Preferred, Prior Authorization Required
Astelin® (azelastine)	Astepro® (azelastine) Patanase® (olopatadine)

Corticosteroids

Preferred	Non-Preferred, Prior Authorization Required
Flonase® (fluticasone) Qnasl® (beclomethasone) Omnaris® (ciclesonide)	Beconase AQ® (beclomethasone) Nasacort AQ®(triamcinolone) Nasarel® (flunisolide) Nasonex® (mometasone) Rhinocort AQ® (budesonide) Veramyst® (fluticasone) Zetonna® (ciclesonide)

OPHTHALMIC AGENTS

Antihistamine/Mast Cell Stabilizers

Preferred	Non-Preferred, Prior Authorization Required
Alaway® (ketotifen)	Alocril® (nedocromil)
Cromolyn® (cromolyn)	Alomide® (Iodoxamide)
Patanol® (olopatadine)	Bepreve® (bepotastine)
Pazeo® (olopatadine)	Elastat® (epinastine)
Refresh® (ketotifen)	Emadine® (emedastine)
Zaditor® (ketotifen)	Lastacaft® (alcaftadine) Optivar® (azelastine) Pataday® (olopatadine)



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OPHTHALMIC AGENTS (continued)

Anti-Infective/Steroid Combinations

Preferred	Non-Preferred, Prior Authorization Required
Blephamide® (sulfacetamide/prednisolone)	Blephamide S.O.P.® (sulfacetamide/prednisolone)
Maxitrol® (neomycin/polymyxin/dexamethasone)	TobraDex® (tobramycin/dexamethasone)
Pred-G® (prednisolone/gentamicin)	TobraDex® ST (tobramycin/dexamethasone)
Pred-G S.O.P.® (prednisolone/Gentamicin)	Zylet®(Loteprednol/Tobramycin)

Carbonic Anhydrase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Azopt® (brinzolamide)	Trusopt® (dorzolamide)
Simbrinza® (brinzolamide/brimonidine tartrate)	

Non-Steroidal Anti-Inflammatory Drugs - Ophthalmic

Preferred	Non-Preferred, Prior Authorization Required
Acuvail® (ketorolac)	Acular® (ketorolac)
Ilevro® (nepafenac)	Acular LS® (ketorolac)
Ocufen®(flurbiprofen)	Bromday® (bromfenac)
Voltaren® Ophthalmic (diclofenac)	BromSite® (bromfenac)
	Prolensa® (bromfenac)
	Nevanac® (nepafenac)

Prostaglandin Analogs

Preferred	Non-Preferred, Prior Authorization Required
Xalatan® (latanoprost)	Lumigan® (bimatoprost) Travatan Z® (travoprost) Zioptan® (tafluprost)

OTIC AGENTS

Anti-Infective/Steroid Combinations

Preferred	Non-Preferred, Prior Authorization Required
Cipro® HC (ciprofloxacin/hydrocortisone)	Acetasol HC® (acetic acid/hydrocortisone)
Ciprodex® (ciprofloxacin/dexameth)	Cortisporin® Otic Suspension (neomycin/polymyxin B/hc)
Cortisporin® Otic Solution (neomycin/polymyxin B/hc)	Otovel® (ciprofloxacin/fluocinolone)
Coly-Mycin S®	

ORAL/INJECTABLE/TOPICAL AGENTS

ACE Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Accupril® (quinapril)	Aceon® (perindopril)
Altace® (ramipril)	Capoten® (captopril)
Lotensin® (benazepril)	Epaned® (enalapril solution)
Monopril® (fosinopril)	Mavik®(trandolapril)
Prinivil® (lisinopril)	Qbrelis® (lisinopril solution)
Zestril® (lisinopril)	Univasc® (moexipril)
	Vasotec® (enalapril)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

ACE Inhibitor/Calcium Channel Blocker Combinations

Preferred	Non-Preferred, Prior Authorization Required
Lotrel® (benazepril/amlodipine)	Tarka® (trandolapril/verapamil)

Acne Agents - Topical

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Aczone® (dapsone) gel Atralin® (tretinoin) gel Azelex® (azelaic acid) cream Cleocin-T® (clindamycin) solution Duac® (benzoyl peroxide-clindamycin) gel Epiduo® (benzoyl peroxide-adapalene) gel Ery® (erythromycin) pads Erythromycin solution Retin-A® (tretinoin) cream Sumadan® Wash (sulfacetamide-sulfur cleanser) Tazorac® (tazarotene) cream Tazorac® (tazarotene) gel	Acanya® (benzoyl peroxide-clindamycin) gel Avar® (sulfacetamide-sulfur) pads Avar-E® Emollient (sulfacetamide-sulfur) cream Avar-E Green® (sulfacetamide-sulfur) cream Avar LS® (sulfacetamide-sulfur) pads Avita® (tretinoin) cream Benzaclin® (benzoyl peroxide-clindamycin) gel Benzamycin® (benzoyl peroxide-erythromycin) gel BP 10-1® (sulfacetamide/sulfur cleanser) Cerisa® (sulfacetamide-sulfur) emulsion Cleocin-T® (clindamycin) gel Cleocin-T® (clindamycin) lotion Clindacin® ETZ (clindamycin) swab Clindacin-P® (clindamycin) swab Clindagel® (clindamycin) gel Differin® (adapalene) cream Differin® (adapalene) gel Epiduo® Forte (adapalene/benzoyl peroxide) Erygel® (erythromycin) gel Evoclin® (clindamycin phosphate) foam Fabior® (tazarotene) foam Klaron® (sulfacetamide) lotion Neuac® (clindamycin/benzoyl peroxide) Onexton® (benzoyl peroxide-clindamycin) gel Retin-A® Micro (tretinoin) gel Rosanil® Cleanser (sulfacetamide-sulfur) emulsion Rosula® (sulfacetamide-sulfur) pads SSS 10-5® (sulfacetamide-sulfur) cream Sulfacetamide suspension Sulfacetamide-Sulfur lotion Sumadan® (sulfacetamide-sulfur) kit Sumaxin® (sulfacetamide-sulfur) pads Sumaxin® TS (sulfacetamide-sulfur) suspension Sumaxin® Wash (sulfacetamide-sulfur) liquid Veltin® (clindamycin-tretinoin) Ziana® (clindamycin-tretinoin)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

ADHD – Amphetamine Type

Preferred	Non-Preferred, Prior Authorization Required
Adderall® (dextroamphetamine/amphetamine)	Adzenys XR-ODT™ (amphetamine ER)
Adderall XR® (dextroamphetamine/amphetamine ER)	Desoxyn® (methamphetamine)
Dexedrine® tablets (dextroamphetamine)	Dyanavel® XR (amphetamine ER)
Dexedrine® ER capsules (dextroamphetamine ER)	Procentra® (dextroamphetamine)
Dextrostat® (dextroamphetamine)	Zenzedi® (dextroamphetamine)
Vyvanse® (lisdexamfetamine)	

ADHD – Methylphenidate Type

Preferred	Non-Preferred, Prior Authorization Required
Concerta® (methylphenidate ER)	Aptensio XR® (methylphenidate ER)
Daytrana® (methylphenidate)	Methylin Chewable® (methylphenidate)
Focalin® (dexmethylphenidate)	Methylin Solution® (methylphenidate)
Focalin® XR (dexmethylphenidate ER)	Metadate® ER (methylphenidate ER)
Metadate CD® (methylphenidate 30/70)	Ritalin LA® (methylphenidate 50/50)
Quillichew ER™ (methylphenidate ER)	Ritalin SR® (methylphenidate ER)
Quillivant XR® (methylphenidate ER)	
Ritalin® (methylphenidate)	

Adjunct Anti-epileptics

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Keppra® (levetiracetam)	Banzel® (rufinamide)
Keppra XR® (levetiracetam XR)	Fycompa® (perampanel)
Keppra® Solution (levetiracetam)	Gabitril® (tiagabine)
Neurontin® (gabapentin)	Lyrica® (pregabalin)
Zonegran® (zonisamide)	Lyrica® Solution (pregabalin)
	Onfi® (clobazam)
	Oxtellar® XR (oxcarbazepine)
	Spritam® (levetiracetam)

5-Alpha Reductase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Avodart®(dutasteride)	
Proscar®(finasteride)	

Alpha glucosidase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Precose® (acarbose)	Glyset® (miglitol)

Anaphylaxis Agents

Preferred	Non-Preferred, Prior Authorization Required
Adrenaclick® (epinephrine auto inject)	Symjepi®(epinephrine)
Epipen® (epinephrine auto inject)	
Epipen Jr® (epinephrine auto inject)	
Epinephrine auto injectors	



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Anti-coagulants

Preferred	Non-Preferred, Prior Authorization Required
Coumadin® (warfarin)	Savaysa® (edoxaban)
Eliquis® (apixaban)	
Pradaxa® (dabigatran)	
Xarelto® (rivaroxaban)	

Anti-Constipation Agents

Preferred	Non-Preferred, Prior Authorization Required
Amitiza®(lubiprostone)	Trulance®(plecanatide)
Linzess®(linaclotide)	

Anti-Constipation Agents – Opioid Induced Cause

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Amitiza® (lubiprostone)	Relistor® (methylnaltrexone) (tablets and injection)
Movantik® (naloxegol)	
Symproic® (naldemedine)	

Antidepressants - SNRIs

Preferred	Non-Preferred, Prior Authorization Required
Cymbalta® (duloxetine)	Effexor® XR tablets (venlafaxine ER)
Effexor® (venlafaxine)	Fetzima® (levomilnacipran)
Effexor® XR capsules (venlafaxine ER)	Savella® (milnacipran)
Pristiq® (desvenlafaxine)	

Antidepressants - SSRIs

Preferred	Non-Preferred, Prior Authorization Required
Celexa® (citalopram)	Celexa® solution (citalopram)
Lexapro® (escitalopram)	Lexapro® solution (escitalopram)
Luvox® (fluvoxamine)	Paxil CR® (paroxetine ER)
Paxil® (paroxetine)	Paxil ® solution (paroxetine)
Prozac® capsules (fluoxetine)	Pexeva® (paroxetine)
Prozac® solution (fluoxetine)	Prozac® tablets (fluoxetine)
Zoloft® (sertraline)	Zoloft® solution (sertraline)

Antidepressants - Tricyclics

Preferred	Non-Preferred, Prior Authorization Required
Doxepin capsules and solution	Amoxapine
Elavil® (amitriptyline)	Anafranil® (clomipramine)
Pamelor® (nortriptyline)	Norpramin® (desipramine)
Tofranil® (imipramine)	Pamelor® solution (nortriptyline)
	Surmontil® (trimipramine)
	Tofranil - PM® (imipramine)
	Vivactil® (protriptyline)



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Anti-Diarrheal Agents

Preferred	Non-Preferred, Prior Authorization Required
Lotronex®(alosetron)	Xermelo®(telotristat)
Viberzi®(eluxadoline)	

Anti-emetics Cannabinoid

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Marinol® (dronabinol)	Cesamet® (nabilone) Syndros® (dronabinol)

Anti-emetics Serotonin 5HT₃ Antagonists

Preferred	Non-Preferred, Prior Authorization Required
Zofran® (ondansetron)	Anzemet® (dolasetron)
Zofran ODT® (ondansetron)	Gransol® (granisetron)
	Kytril® (granisetron)
	Sancuso® (granisetron)
	Zuplenz® (ondansetron)

Anti-Histamines - Non-Sedating

Preferred	Non-Preferred, Prior Authorization Required
Claritin® (loratadine)	Allegra® ODT (fexofenadine)
Claritin 24-hr Allergy® (loratadine)	Clarinex® (desloratadine)
Claritin® Syrup (loratadine)	Claritin Hives Relief® (loratadine)
Zyrtec® (cetirizine)	Claritin RediTabs® (loratadine)
Zyrtec® Syrup (cetirizine)	Xyzal® (levocetirizine)
Allegra® (fexofenadine)	The following drugs are covered for KBH only: Allegra-D® (fexofenadine/pseudoephedrine) Allegra-D24® (fexofenadine/pseudoephedrine) Clarinex-D 12-hour® (desloratadine/pseudoephedrine) Clarinex-D 24-hour® (desloratadine/pseudoephedrine)

Anti-Viral - Herpes

Preferred	Non-Preferred, Prior Authorization Required
Valtrex® (valacyclovir)	Famvir® (famciclovir)
Zovirax® (acyclovir) (oral dosage forms only)	Sitavig® (acyclovir)

ARBs

Preferred	Non-Preferred, Prior Authorization Required
Avalide® (irbesartan/HCTZ)	Atacand® (candesartan)
Avapro® (irbesartan)	Atacand HCT® (candesartan/HCTZ)
Cozaar® (losartan)	Benicar® (olmesartan)
Diovan® (valsartan)	Benicar HCT® (olmesartan/HCTZ)
Diovan HCT® (valsartan/HCTZ)	Edarbi® (azilsartan medoxomil)
Edarbyclor® (azilsartan medoxomil/chlorthalidone)	Micardis® (telmisartan)
Entresto® (sacubitril/valsartan)	Micardis HCT® (telmisartan/HCTZ)
Hyzaar® (losartan/HCTZ)	Teveten® (eprosartan)
Tribenzor® (olmesartan/amlodipine/HCTZ)	



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

ARB/Calcium Channel Blocker Combinations

Preferred	Non-Preferred, Prior Authorization Required
Azor® (amlodipine/olmesartan)	Twynsta® (amlodipine/telmisartan)
Exforge® (amlodipine/valsartan)	

Beta-Blockers

Preferred	Non-Preferred, Prior Authorization Required
Betapace® (sotalol) Betapace AF® (sotalol AF) Coreg® (carvedilol) Inderal® (propranolol) Lopressor® (metoprolol tartrate) Sectral® (acebutolol) Tenormin® (atenolol) Ziac® (bisoprolol/HCTZ)	Blocadren® (timolol) Bystolic® (nebivolol) Byvalson® (nebivolol/valsartan) Coreg CR® (carvedilol CR) Corgard® (nadolol) Corzide® (nadolol/bendroflumethiazide) Dutoprol® (metoprolol/HCTZ) Inderal® LA (propranolol XL) InnoPran® XL (propranolol XL) Kerlone® (betaxolol) Labetalol (labetalol) Levatol® (penbutolol) Lopressor HCT® (metoprolol/HCTZ) Toprol-XL® (metoprolol succinate) Visken® (pindolol) Zebeta® (bisoprolol)

Biguanides

Preferred	Non-Preferred, Prior Authorization Required
Glucophage® (metformin) Glucophage® XR (metformin ER)	Fortamet® (metformin ER) Glumetza® (metformin ER) Riomet® (metformin oral solution)

Bile Acid Sequestrants

Preferred	Non-Preferred, Prior Authorization Required
Colestid® Tablets (colestipol) Prevalite® Powder (cholestyramine light) Prevalite® Powder Packs (cholestyramine light) Welchol® Powder (colesevelam) Welchol® Tablets (colesevelam)	Colestid® Granules (colestipol) Questran® (cholestyramine) Questran Light® (cholestyramine light)

Bisphosphonates

Preferred	Non-Preferred, Prior Authorization Required
Fosamax® (alendronate)	Actonel® (risedronate) Atelvia® (risedronate) Binosto® (alendronate) Boniva® (ibandronate) Fosamax Plus D® (alendronate/cholecalciferol)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Bladder Relaxant Agents

Preferred	Non-Preferred, Prior Authorization Required
Ditropan® (oxybutynin)	Detrol® (tolterodine)
Ditropan XL® (oxybutynin ER)	Detrol® LA (tolterodine ER)
Toviaz® (fesoterodine)	Enablex® (darifenacin)
Vesicare® (solifenacain)	Gelnique® Gel (oxybutynin) Myrbetriq®(mirabegron) Oxytrol® Patch (oxybutynin) Sanctura® (trospium) Sanctura® XR (trospium ER) Urispas® (flavoxate)

Calcium Channel Blockers - Dihydropyridines

Preferred	Non-Preferred, Prior Authorization Required
Norvasc® (amlodipine)	Adalat® (nifedipine IR)
Plendil® (felodipine)	Adalat CC® (nifedipine ER)
Procardia® XL (nifedipine ER)	Cardene® (nicardipine IR) Cardene® SR (nicardipine SR) DynaCirc® (isradipine IR) Sular® (nisoldipine)

Calcium Channel Blockers - Non-Dihydropyridines

Preferred	Non-Preferred, Prior Authorization Required
Calan® (verapamil IR)	Cardizem® LA (diltiazem)
Calan SR® (verapamil SR)	Cardizem® SR (diltiazem)
Cardizem® (diltiazem IR)	Matzim LA® (diltiazem ER)
Cardizem® CD (diltiazem)	Tiazac® (diltiazem)
Cartia XT® (diltiazem ER)	Verelan® (verapamil SR)
Dilt-XR® (diltiazem ER)	Verelan PM® (verapamil)
Isoptin® SR (verapamil SR)	
Taztia XT ®(diltiazem ER)	

COX-II Inhibitors

Preferred	Non-Preferred
Celebrex® (celecoxib)	

DPP-4 Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Janumet® (sotaliptin/metformin)	Janumet® XR (sitagliptin/metformin XR)
Januvia® (sitagliptin)	Jentadueto® (linagliptin/metformin)
Kombiglyze® XR (saxagliptin/metformin)	Jentadueto® XR (linagliptin/metformin XR)
Onglyza® (saxagliptin)	Kazano® (alogliptin/metformin) Nesina® (alogliptin) Oseni®(alogliptin/pioglitazone) Tradjenta® (linagliptin)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Erythropoiesis-Stimulating Agents

Preferred	Non-Preferred, Prior Authorization Required
Epogen® (epoetin alfa)	Aranesp® (darbepoetin alfa) Procrit® (epoetin alfa)

Fibric Acid Derivatives

Preferred	Non-Preferred, Prior Authorization Required
Fenofibrate generics Lopid® (gemfibrozil)	Antara® (fenofibrate) Fenoglide® (fenofibrate) Lipofen® (fenofibrate) Lofibra® (fenofibrate) Tricor® (fenofibrate) Triglide® (fenofibrate) Trilipix® (fenofibric acid)

GLP- 1 RA (formerly Incretin Mimetics)

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Bydureon® Pens and Vials (exenatide ER) Byetta® (exenatide) Victoza® (liraglutide)	Adlyxin® (lixisenatide) Tanzeum® (albiglutide) Trulicity® (dulaglutide)

Growth Hormones

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Genotropin® (somatropin) Genotropin® MiniQuick (somatropin) Omnitrope® (somatropin)	Humatrope® (somatropin) Norditropin® FlexPro (somatropin) Nutropin® AQ (somatropin) Nutropin AQ NuSpin® (somatropin) Saizen® (somatropin) Zomacton® (somatropin)

Hepatitis C Agents – Direct Acting

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Mavyret®(glecaprevir/pibrentasvir)	Daklinza® (daclatasvir) Epclusa® (sofosbuvir/velpatasvir) Harvoni® (ledipasvir/sofosbuvir) Sovaldi® (sofosbuvir)/Olysio® (simplicavir) in combination Technivie® (ombitasvir/paritaprevir/ritonavir) Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir) Viekira® XR (dasabuvir/ombitasvir/paritaprevir/ritonavir) Zepatier® (elbasvir/grazoprevir)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Hepatitis C Agents - Refractory Treatment

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Preferred	Non-Preferred, Prior Authorization Required
Mavyret®(glecaprevir/pibrentasvir)	Vosevi®(sofosbuvir/velpatasvir/voxilaprevir)

H₂ Antagonists

Preferred	Non-Preferred, Prior Authorization Required
Pepcid® (famotidine)	Axid® (nizatidine)
Zantac® (ranitidine)	Pepcid® (famotidine) oral suspension Tagamet® (cimetidine)

Homozygous Familial Hypercholesterolemia (HoFH) Agents

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Kynamro® (mipomersen)	Juxtapid® (lomitapide mesylate)

Hypertriglyceridemia Agents

Preferred	Non-Preferred, Prior Authorization Required
Lovaza® (omega-3 acid ethyl esters)	Vascepa® (icosapent ethyl)

Immunomodulation Agents - Adult Rheumatoid Arthritis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab) Xeljanz® (tofacitinib) Xeljanz® XR (tofacitinib)	Actemra® (tocilizumab) Cimzia® (certolizumab) Kevzara® (sarilumab) Kineret® (anakinra) Orencia® (abatacept) Remicade® (infliximab) Rituxan® (rituximab) Simponi Aria® (golimumab) Simponi® (golimumab)

Immunomodulation Agents - Ankylosing Spondylitis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab)	Cosentyx® (secukinumab) Cimzia® (certolizumab) Remicade® (infliximab) Simponi® (golimumab)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Immunomodulation Agents - Crohn's Disease

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Humira® (adalimumab)	Cimzia® (certolizumab) Entyvio® (vedolizumab) Remicade® (infliximab) Stelara® (ustekinumab) Tysabri® (natalizumab)

Immunomodulation Agents - Juvenile Idiopathic Arthritis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab)	Actemra® (tocilizumab) Orencia® (abatacept)

Immunomodulation Agents - Plaque Psoriasis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast)	Amevive® (alefacept) Cosentyx® (secukinumab) Remicade® (infliximab) Siliq® (brodalumab) Stelara® (ustekinumab) Taltz® (ixekizumab) Tremfya®(Guselkumab)

Immunomodulation Agents - Psoriatic Arthritis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast)	Cosentyx® (secukinumab) Cimzia® (certolizumab) Remicade® (infliximab) Simponi® (golimumab) Stelara® (ustekinumab) Orencia®(abatacept)

Immunomodulation Agents - Ulcerative Colitis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Humira® (adalimumab)	Entyvio® (vedolizumab) Remicade® (infliximab) Simponi® (golimumab)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Inflammatory Bowel Disease Agents - Oral	
Preferred	Non-Preferred, Prior Authorization Required
Azulfidine® (sulfasalazine)	Apriso® (mesalamine ER 24hr)
Delzicol® (mesalamine DR)	Asacol® HD (mesalamine DR)
Lialda® (mesalamine DR)	Colazal® (balsalazide disodium)
Pentasa® (mesalamine ER)	Dipentum® (olsalazine)
	Giazo® (balsalazide disodium)
	Uceris® (budesonide)

Insulin - Long-Acting	
Preferred	Non-Preferred, Prior Authorization Required
Lantus® (insulin glargine)	Basaglar® (insulin glargine)
Lantus SoloStar® (insulin glargine)	Toujeo Solostar® (insulin glargine)
Levemir® Vial, FlexPen, FlexTouch (insulin detemir)	Tresiba FlexTouch® (insulin degludec)

Insulin - Long-Acting/GLP-1 RA	
Preferred	Non-Preferred, Prior Authorization Required
Soliqua® (insulin glargine/lixisenatide)	Xultophy® (insulin degludec/liraglutide)

Insulin- Short Acting and Intermediate Acting	
Preferred	Non-Preferred, Prior Authorization Required
Humalog® multi-dose vial	Humalog® (excluding multi-dose vials)
Humalog® Mix multi-dose vial	Humalog® Mix (excluding multi-dose vials)
Humulin N® multi-dose vial	Humulin N® (excluding multi-dose vials)
Humulin R® multi-dose vial	Humulin R® (excluding multi-dose vials)
Humulin 70/30® multi-dose vial	Humulin 70/30® (excluding multi-dose vials)
Novolin N® multi-dose vial	Novolin N® (excluding multi-dose vials)
Novolin R® multi-dose vial	Novolin R® (excluding multi-dose vials)
Novolin 70/30® multi-dose vial	Novolin 70/30® (excluding multi-dose vials)
NovoLog® multi-dose vial, PenFill, & FlexPen	Velosulin BR® (excluding multi-dose vials)
NovoLog® Mix multi-dose vial, PenFill, & FlexPens	
Velosulin BR® multi-dose vial	

Lice Treatments	
Preferred	Non-Preferred, Prior Authorization Required
Natroba® (spinosad)	Ovide® (malathion)
Sklice® (ivermectin)	

Meglitinides	
Preferred	Non-Preferred, Prior Authorization Required
Prandin® (repaglinide)	Starlix® (nateglinide)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Methotrexate - Injectable

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Rasuvo® (methotrexate)	Otrexup® (methotrexate)

Muscle Relaxants - Skeletal

Preferred	Non-Preferred, Prior Authorization Required
Flexeril® (cyclobenzaprine)	Amrix® (cyclobenzaprine ER)
Robaxin® (methocarbamol)	Fexmid® 7.5mg (cyclobenzaprine)
Robaxin-750® (methocarbamol)	Lorzone® (chlorzoxazone)
	Metaxall® (metaxalone)
	Norflex® (orphenadrine)
	Norgesic® (orphenadrine/aspirin/caffeine)
	Norgesic® Forte (orphenadrine/aspirin/caffeine)
	Parafon Forte DSC® (chlorzoxazone)
	Skelaxin® (metaxalone)
	Soma® (carisoprodol)

Muscle Relaxants - Spasticity

Preferred	Non-Preferred, Prior Authorization Required
Lioresal® (baclofen)	Dantrolene® (dantrolene)
Zanaflex® Tablets (tizanidine)	Zanaflex® Capsules (tizanidine)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Non-Steroidal Anti-Inflammatory Drugs - Oral

Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Advil® (ibuprofen)	Anaprox® (naproxen)
Aleve® (naproxen)	Anaprox DS® (naproxen)
Ansaid® (flurbiprofen)	Arthrotec® (diclofenac/misoprostol)
Cataflam® (diclofenac potassium)	Cambia® (diclofenac)
Clinoril® (sulindac)	Daypro® (oxaprozin)
EC-Naprosyn® (naproxen)	Dolobid® (diflunisal)
Indocin® (indomethacin)	Feldene® (piroxicam)
Mobic® (meloxicam)	Indocin® SR (indomethacin)
Motrin® (ibuprofen)	Lodine® (etodolac)
Motrin-IB® (ibuprofen)	Lodine® XL (etodolac)
Naprosyn® (naproxen)	Meclofenem® (meclofenamate)
Relafen® (nabumetone)	Nalfon® (fenoprofen)
Toradol®(ketorolac) (limited to a 5 day supply)	Naprelan® (naproxen)
Voltaren®(diclofenac sodium oral)	Naprelan® CR Dosepak (naproxen)
Voltaren® XR (diclofenac sodium oral)	Orudis® (ketoprofen)
	Orudis® KT (ketoprofen)
	Oruvail® (ketoprofen)
	Ponstel® (mefenamic acid)
	Tivorbex® (indomethacin)
	Tolectin 600® (tolmetin)
	Tolectin DS® (tolmetin)
	Vimovo®(naproxen/esomeprazole)
	Vivlodex® (Meloxicam)
	Zipsor® (diclofenac)
	Zorvolex® (diclofenac)

Non-Steroidal Anti-Inflammatory Drugs - Topical

Preferred	Non-Preferred, Prior Authorization Required
Flector® Patch (diclofenac epolamine)	Pennsaid® (diclofenac)
Voltaren® Gel (diclofenac)	Sprix® Nasal Spray (ketorolac tromethamine)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Opioids - Long-Acting

Preferred	Non-Preferred-Prior Authorization Required
Hysingla® ER (hydrocodone ER)	Arymo™ ER (morphine sulfate ER)
Embeda® (morphine/naltrexone)	Avinza® (morphine sulfate ER)
MS Contin® (morphine sulfate ER)	Belbuca® (buprenorphine)
OxyContin® (oxycodone SR)	Butrans® (buprenorphine)
Ultram® ER (tramadol ER)	ConZip® (tramadol)
	Exalgo® (hydromorphone HCl ER)
	Kadian® (morphine sulfate ER)
	Nucynta® ER (tapentadol)
	Opana® ER (oxymorphone)
	Ryzolt® (tramadol ER)
	Troxyca® ER (oxycodone/naltrexone)
	Vantrela® ER (hydrocodone ER)
	Xartemis® XR (oxycodone/acetaminophen ER)
	Xtampza® ER (oxycodone ER)
	Zohydro® ER (hydrocodone ER)
	Duragesic® (fentanyl)

Pancreatic Enzyme Replacements

Preferred	Non-Preferred, Prior Authorization Required
Creon® (pancrelipase)	Pertzye® (pancrelipase)
Pancrease® (pancrelipase)	
Zenpep® (pancrelipase)	Viokace® (pancrelipase)

PCSK-9 Inhibitors

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Repatha® (evolocumab)	
Praluent® (alirocumab)	

Phosphate Binder Agents

Preferred	Non-Preferred, Prior Authorization Required
Eliphos® (calcium acetate)	Auryxia® (ferric citrate)
Phoslo® (calcium acetate)	Fosrenol® (lanthanum carbonate) Phoslyra® (calcium acetate oral solution) Renagel® (sevelamer HCl) Renvela® (sevelamer carbonate) Velphoro® (sucroferric oxyhydroxide)

Platelet Aggregation Inhibitors - Secondary Cardiac Prevention

Preferred	Non-Preferred, Prior Authorization Required
Plavix® (clopidogrel)	Brilinta® (ticagrelor) Effient® (prasugrel) Zontivity® (vorapaxar)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Platelet Aggregation Inhibitors - Stroke

Preferred	Non-Preferred, Prior Authorization Required
Plavix® (clopidogrel)	Aggrenox® (aspirin-dipyridamole ER)

Proton Pump Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Dexilant® (dexlansoprazole)	AcipHex® (rabeprazole)
Prilosec® (omeprazole)	AcipHex® Sprinkles™ (rabeprazole)
Protonix® (pantoprazole)	Dexilant® SoluTab (dexlansoprazole)
	Esomeprazole strontium® (esomeprazole strontium)
	Nexium® (esomeprazole)
	Nexium® Suspension (esomeprazole)
	Prevacid® (lansoprazole)
	Prevacid SoluTab® (lansoprazole)
	Prilosec® Packets (omeprazole)

Pulmonary Hypertension Agents

Preferred	Non-Preferred, Prior Authorization Required
Orenitram® (treprostинil)	Adcirca® (tadalafil)
Revatio® (sildenafil)	Adempas® (riociguat)
Tracleer® (bosentan)	Letairis® (ambrisentan)
	Opsumit® (macitentan)
	Uptravi® (selexipag)

SGLT2 (sodium-glucose co-transporter 2) Inhibitors

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Glyxambi® (empagliiflozin/linagliptin)	Farxiga® (dapagliflozin)
Invokana® (canagliflozin)	Jardiance® (empagliiflozin)
Invokamet® (canagliflozin/metformin)	Qtern® (dapagliflozin/saxagliptin)
Invokamet® XR (canagliflozin/metformin ER)	Synjardy® (empagliiflozin/metformin)
	Synjardy® XR (empagliiflozin/metformin ER)
	Xigduo XR® (dapagliflozin/metformin ER)

Sleep Agents - Non-Scheduled

Preferred	Non-Preferred, Prior Authorization Required
Rozerem® (ramelteon)	Hetlioz® (tasimelteon)
	Silenor® (doxepin)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Sleep Agents – Scheduled - Non-Benzodiazepine

Preferred	Non-Preferred, Prior Authorization Required
Ambien® (zolpidem) Zolpidem generics	Ambien® CR (zolpidem CR) Belsomra® (suvorexant) Edluar® (zolpidem) Intermezzo® (zolpidem) Lunesta® (eszopiclone) Sonata® (zaleplon) Zolpimist® (zolpidem)

Statins

Preferred	Non-Preferred, Prior Authorization Required
Lipitor® (atorvastatin) Mevacor® (lovastatin) Pravachol® (pravastatin) Zocor® (simvastatin)	Altoprev® (lovastatin) Crestor® (rosuvastatin) Lescol® (fluvastatin) Lescol® XL (fluvastatin) Livalo® (pitavastatin)

Statin Combination (formerly Products for Hyperlipidemia)

Preferred	Non-Preferred
Caduet® (amlodipine/atorvastatin) Vytorin® (ezetimibe/simvastatin)	

Sulfonylureas – 2nd Generation

Preferred	Non-Preferred, Prior Authorization Required
Amaryl® (glimepiride) DiaBeta® (glyburide) Glucotrol® (glipizide) Glucovance® (glyburide/metformin) Glynase PresTab® (micronized glyburide) Micronase® (glyburide)	Glucotrol XL® (glipizide XL) Metaglip® (glipizide/metformin)

Testosterone Agents- Topical

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Androderm® (testosterone) Androgel® (testosterone) Axiron® (testosterone)	Fortesta® (testosterone) Testim® (testosterone) Vogelxo® (testosterone)

Thiazolidinediones

Preferred	Non-Preferred, Prior Authorization Required
Actos® (pioglitazone) ACTOplus Met® (pioglitazone/metformin)	ACTOplus Met® XR (pioglitazone/metformin) Avandamet® (rosiglitazone/metformin) Avandia® (rosiglitazone) Duetact® (pioglitazone/glimepiride)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Thrombopoietin Receptor Agonists (TPO)

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Nplate® (romiplostim)	
Promacta® (eltrombopag)	

Triptans

Preferred	Non-Preferred, Prior Authorization Required
Imitrex® (sumatriptan) tablets	Alsuma® (sumatriptan)
Maxalt® (rizatriptan)	Amerge® (naratriptan)
Maxalt-MLT® (rizatriptan)	Axert® (almotriptan)
Relpax® (eletriptan)	Frova® (frovatriptan)
	Imitrex® (sumatriptan) pens, vials, cartridges, nasal spray
	Onzetra Xsail® (sumatriptan)
	Sumavel DosePro® (sumatriptan)
	Zecuity® (sumatriptan)
	Zembrace Symtouch® (sumatriptan)
	Zomig® (zolmitriptan)
	Zomig-ZMT® (zolmitriptan)

Xanthine Oxidase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Zyloprim® (allopurinol)	Uloric® (febuxostat)



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Ciprodex® (ciprofloxacin/dexameth)	3
Clarinex® (desloratadine)	7
Claritin-D 12-hour® (desloratadine/pseudoephedrine)	7
Claritin 24-hr Allergy® (loratadine)	7
Claritin Hives Relief® (loratadine)	7
Claritin RediTabs® (loratadine)	7
Claritin® (loratadine)	7
Claritin® Syrup (loratadine)	7
Cleocin-T® (clindamycin) gel	4
Cleocin-T® (clindamycin) lotion	4
Cleocin-T® (clindamycin) solution	4
Clindacin® ETZ (clindamycin) swab	4
Clindacin-P® (clindamycin) swab	4
Clindagel® (clindamycin) gel	4
Clinoril® (sulindac)	15
Colazal® (balsalazide disodium)	13
Colestid® Granules (colestipol)	8
Colestid® Tablets (colestipol)	8
Concerta® (methylphenidate ER)	5
ConZip® (tramadol)	16
Coreg CR® (carvedilol CR)	8
Coreg® (carvedilol)	8
Corgard® (nadolol)	8
Cortisporin® Otic Solution (neomycin/polymyxin B/hc)	3
Cortisporin® Otic Suspension (neomycin/polymyxin B/hc)	3
Cortisporin-TC® (neomy/colist/hc/thonz)	3
Corzide® (nadolol/bendroflumethiazide)	8
Cosentyx® (secukinumab)	11, 12
Coumadin® (warfarin)	6
Cozaar® (losartan)	7
Creon® (pancrelipase)	16
Crestor® (rosuvastatin)	18
Cromolyn® (cromolyn)	2
Cymbalta® (duloxetine)	6
Daklinza® (daclatasvir)	10
Dantrium® (dantrolene)	14
Daypro® (oxaprozin)	15
Daytrana® (methylphenidate)	5
Delzicol® (mesalamine DR)	13
Desoxyn® (methamphetamine)	5
Detrol® (tolterodine)	9



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Detrol® LA (tolterodine ER).....	9
Dexedrine® ER capsules (dextroamphetamine ER)	5
Dexedrine® tablets (dextroamphetamine)	5
Dexilant® (dexlansoprazole)	17
Dexilant® SoluTab (dexlansoprazole).....	17
Dextrostat® (dextroamphetamine).....	5
DiaBeta® (glyburide)	18
Differin® (adapalene) cream	4
Differin® (adapalene) gel	4
Dilt-XR® (diltiazem ER)	9
Diovan HCT® (valsartan/HCTZ).....	7
Diovan® (valsartan).....	7
Dipentum® (olsalazine)	13
Ditropan XL® (oxybutynin ER)	9
Ditropan® (oxybutynin).....	9
Dolobid® (diflunisal)	15
Doxepin capsules and solution	6
Duac® (benzoyl peroxide-clindamycin) gel	4
Duetact® (pioglitazone/glimepiride).....	18
Dulera® (formoterol/mometasone).....	1
Duragesic® (fentanyl).....	16
Dutoprol® (metoprolol/HCTZ).....	8
Dyanavel® XR (amphetamine ER)	5
DynaCirc® (isradipine IR).....	9
EC-Naprosyn® (naproxen).....	15
Edarbi® (azilsartan medoxomil)	7
Edarbyclor® (azilsartan medoxomil/chlorthalidone)	7
Edluar® (zolpidem).....	18
Effexor® (venlafaxine).....	6
Effexor® XR capsules (venlafaxine ER)	6
Effexor® XR tablets (venlafaxine ER).....	6
Effient® (prasurgrel).....	16
Elavil® (amitriptyline).....	6
Elestat® (epinastine)	2
Eliphos® (calcium acetate)	16
Eliquis® (apixaban)	6
Emadine® (emedastine)	2
Embeda® (morphine/naltrexone)	16
Enablex® (darifenacin)	9
Enbrel® (etanercept).....	11, 12
Entresto® (sacubitril/valsartan)	7
Entyvio® (vedolizumab)	12
Epaned® (enalapril solution)	3
Epclusa® (sofosbuvir/velpatasvir)	10
Epiduo® (benzoyl peroxide-adapalene) gel	4
Epiduo® Forte (adapalene/benzoyl peroxide)	4
Epinephrine auto injectors	5
Epipen Jr® (epinephrine auto inject).....	5



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Epipen® (epinephrine auto inject)	5
Erogen® (epoetin alfa).....	10
Ery® (erythromycin) pads.....	4
Erygel® (erythromycin) gel.....	4
Erythromycin solution.....	4
Esomeprazole strontium® (esomeprazole strontium).....	17
Evoclin® (clindamycin phosphate) foam.....	4
Exalgo® (hydromorphone HCl ER).....	16
Exforge® (amlodipine/valsartan)	8
Fabior® (tazarotene) foam.....	4
Famvir® (famciclovir)	7
Farxiga® (dapagliflozin)	17
Feldene® (piroxicam)	15
Fenofibrate generics	10
Fenoglide® (fenofibrate)	10
Fetzima® (levomilnacipran).....	6
Fexmid® 7.5mg (cyclobenzaprine)	14
Flector® Patch (diclofenac epolamine)	15
Flexeril® (cyclobenzaprine)	14
Flonase® (fluticasone)	2
Flovent® Diskus® (fluticasone)	2
Flovent® HFA (fluticasone).....	2
Focalin® (dexmethylphenidate)	5
Focalin® XR (dexmethylphenidate ER)	5
Fortamet® (metformin ER)	8
Fortesta® (testosterone)	18
Fosamax Plus D® (alendronate/cholecalciferol)	8
Fosamax® (alendronate)	8
Fosrenol® (lanthanum carbonate)	16
Frova® (frovatriptan).....	19
Fycompa® (perampanel)	5
Gabitril® (tiagabine)	5
Gelnique® Gel (oxybutynin)	9
Genotropin® (somatropin).....	10
Genotropin® MiniQuick (somatropin)	10
Giazo® (balsalazide disodium)	13
Glucophage® (metformin)	8
Glucophage® XR (metformin ER)	8
Glucotrol XL® (glipizide XL).....	18
Glucotrol® (glipizide).....	18
Glucovance® (glyburide/metformin)	18
Glumetza® (metformin ER)	8
Glynase PresTab® (micronized glyburide).....	18
Glyset® (miglitol).....	5
Glyxambi® (empagliflozin/linagliptin).....	17
Gransol® (gransetron)	7
Harvoni® (ledipasvir/sofosbuvir)	10
Hetlioz® (tasimelteon).....	17



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Humalog® (excluding multi-dose vials).....	13
Humalog® Mix (excluding multi-dose vials).....	13
Humalog® Mix multi-dose vial.....	13
Humalog® multi-dose vial	13
Humatropे® (somatropin).....	10
Humira® (adalimumab).....	11, 12
Humulin 70/30® (excluding multi-dose vials)	13
Humulin 70/30® multi-dose vial	13
Humulin N® (excluding multi-dose vials).....	13
Humulin N® multi-dose vial	13
Humulin R® (excluding multi-dose vials).....	13
Humulin R® multi-dose vial.....	13
Hyzaar® (losartan/HCTZ).....	7
Ilevro® (nepafenac).....	3
Imitrex® (sumatriptan) pens, vials, cartridges, nasal spray	19
Imitrex® (sumatriptan) tablets.....	19
Incruse Ellipta® (umeclidinium bromide).....	1
Inderal® (propranolol).....	8
Inderal® LA (propranolol XL)	8
Indocin® (indomethacin).....	15
Indocin® SR (indomethacin).....	15
InnoPran® XL (propranolol XL)	8
Intermezzo® (zolpidem)	18
Invokamet® (canagliflozin/metformin).....	17
Invokamet® XR (canagliflozin/metformin ER).....	17
Invokana® (canagliflozin)	17
Isoptin® SR (verapamil SR)	9
Janumet® (sotaliptin/metformin)	9
Janumet® XR (sitagliptin/metformin XR)	9
Januvia® (sitagliptin)	9
Jardiance® (empagliflozin)	17
Jentadueto® (linagliptin/metformin)	9
Jentadueto® XR (linagliptin/metformin XR)	9
Juxtapid® (lomitapide mesylate).....	11
Kadian® (morphine sulfate ER)	16
Kazano® (alogliptin/metformin)	9
Keppra XR® (levetiracetam XR)	5
Keppra® (levetiracetam)	5
Keppra® Solution (levetiracetam)	5
Kerlone® (betaxolol).....	8
Kevzara® (sarilumab).....	11
Kineret® (anakinra)	11
Kitabis pak® (tobramycin nebulizer)	2
Klaron® (sulfacetamide) lotion	4
Kombiglyze® XR (saxagliptin/metformin)	9
Kynamro® (mipomersen)	11
Kytril® (gransisetron)	7
Labetalol (labetalol)	8



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Lantus SoloStar® (insulin glargine).....	13
Lantus® (insulin glargine)	13
Lastacraft® (alcaftadine).....	2
Lescol® (fluvastatin)	18
Lescol® XL (fluvastatin)	18
Letairis® (ambrisentan)	17
Levatol® (penbutolol).....	8
Levemir® Vial, FlexPen, FlexTouch (insulin detemir)	13
Lexapro® (escitalopram)	6
Lexapro® solution (escitalopram)	6
Lialda® (mesalamine DR).....	13
Linzess®(linaclotide).....	6
Lioresal® (baclofen).....	14
Lipitor® (atorvastatin)	18
Lipofen® (fenofibrate).....	10
Livalo® (pitavastatin).....	18
Lodine® (etodolac)	15
Lodine® XL (etodolac).....	15
Lofibra® (fenofibrate).....	10
Lopid® (gemfibrozil)	10
Lopressor HCT® (metoprolol/HCTZ).....	8
Lopressor® (metoprolol tartrate).....	8
Lorzone® (chlorzoxazone)	14
Lotensin® (benazepril)	3
Lotrel® (benazepril/amlodipine)	4
Lotronex®(alosetron)	7
Lovaza® (omega-3 acid ethyl esters).....	11
Lumigan® (bimatoprost)	3
Lunesta® (eszopiclone)	18
Luvox® (fluvoxamine).....	6
Lyrica® (pregabalin)	5
Lyrica®Solution (pregabalin)	5
Marinol® (dronabinol).....	7
Matzim LA® (diltiazem ER)	9
Mavik®(trandolapril)	3
Mavyret®(glecaprevir/pibrentasvir)	10, 11
Maxair® (pirbuterol).....	1
Maxalt® (rizatriptan)	19
Maxalt-MLT® (rizatriptan).....	19
Maxitrol® (neomycin/polymyxin/dexamethasone).....	3
Meclofenem® (meclofenamate)	15
Metadate CD® (methylphenidate 30/70)	5
Metadate® ER (methylphenidate ER)	5
Metaglip® (glipizide/metformin)	18
Metaxall® (metaxalone).....	14
Methylin Chewable® (methylphenidate).....	5
Methylin Solution® (methylphenidate).....	5
Mevacor® (lovastatin)	18



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Micardis HCT® (telmisartan/HCTZ)	7
Micardis® (telmisartan).....	7
Micronase® (glyburide).....	18
Mobic® (meloxicam)	15
Monopril® (fosinopril).....	3
Motrin® (ibuprofen).....	15
Motrin-IB® (ibuprofen).....	15
Movantik® (naloxegol)	6
MS Contin® (morphine sulfate ER).....	16
Myrbetriq®(mirabegron).....	9
Nalfon® (fenoprofen)	15
Naprelan® (naproxen).....	15
Naprelan® CR Dosepak (naproxen).....	15
Naprosyn® (naproxen)	15
Nasacort AQ®(triamcinolone).....	2
Nasarel® (flunisolide)	2
Nasonex® (mometasone).....	2
Natroba® (spinatosad).....	13
Nesina® (alogliptin).....	9
Neuac® (clindamycin/benzoyl peroxide)	4
Neurontin® (gabapentin)	5
Nevanac® (nepafenac)	3
Nexium®Suspension (esomeprazole).....	17
Nexium® (esomeprazole).....	17
Norditropin® FlexPro (somatropin).....	10
Norflex® (orphenadrine)	14
Norgesic® (orphenadrine/aspirin/caffeine)	14
Norgesic® Forte (orphenadrine/aspirin/caffeine)	14
Norpramin® (desipramine)	6
Norvasc® (amlodipine)	9
Novolin 70/30® (excluding multi-dose vials)	13
Novolin 70/30® multi-dose vial.....	13
Novolin N® (excluding multi-dose vials)	13
Novolin N® multi-dose vial.....	13
Novolin R® (excluding multi-dose vials)	13
Novolin R® multi-dose vial	13
NovoLog® Mix multi-dose vial, PenFill, & FlexPens	13
NovoLog® multi-dose vial, PenFill, & FlexPen.....	13
Nplate® (romiplostim).....	19
Nucynta® ER (tapentadol).....	16
Nutropin AQ NuSpin® (somatropin)	10
Nutropin® AQ (somatropin)	10
Ocufen®(flurbiprofen).....	3
Omnaris® (ciclesonide).....	2
Omnitrope® (somatropin).....	10
Onexton® (benzoyl peroxide-clindamycin) gel	4
Onfi® (clobazam).....	5
Onglyza® (saxagliptin)	9



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Onzetra Xsail® (sumatriptan)	19
Opana® ER (oxymorphone)	16
Opsumit® (macitentan)	17
Optivar® (azelastine)	2
Orencia® (abatacept)	11, 12
Orencia®(abatacept)	12
Orenitram® (treprostinil)	17
Orudis® (ketoprofen)	15
Orudis® KT (ketoprofen)	15
Oruvail® (ketoprofen)	15
Oseni®(alogliptin/pioglitazone)	9
Otezla® (apremilast)	12
Otovel® (ciprofloxacin/fluocinolone)	3
Otrexup® (methotrexate)	14
Ovide® (malathion)	13
Oxtellar® XR (oxcarbazepine)	5
OxyContin® (oxycodone SR)	16
Oxytrol® Patch (oxybutynin)	9
Pamelor® (nortriptyline)	6
Pamelor® solution (nortriptyline)	6
Pancreaze® (pancrelipase)	16
Parafon Forte DSC® (chlorzoxazone)	14
Pataday® (olopatadine)	2
Patanase® (olopatadine)	2
Patanol® (olopatadine)	2
Paxil® solution (paroxetine)	6
Paxil CR® (paroxetine ER)	6
Paxil® (paroxetine)	6
Pazeo® (olopatadine)	2
Pennsaid® (diclofenac)	15
Pentasa® (mesalamine ER)	13
Pepcid® (famotidine)	11
Pepcid® (famotidine) oral suspension	11
Performist® (formoterol)	1
Pertzye® (pancrelipase)	16
Pexeva® (paroxetine)	6
Phoslo® (calcium acetate)	16
Phoslyra® (calcium acetate oral solution)	16
Plavix® (clopidogrel)	16, 17
Plendil® (felodipine)	9
Ponstel® (mefenamic acid)	15
Pradaxa® (dabigatran)	6
Praluent® (alirocumab)	16
Prandin® (repaglinide)	13
Pravachol® (pravastatin)	18
Precose® (acarbose)	5
Pred-G S.O.P.® (prednisolone/Gentamicin)	3
Pred-G® (prednisolone/gentamicin)	3



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Prevacid SoluTab® (lansoprazole)	17
Prevacid® (lansoprazole).....	17
Prevalite® Powder (cholestyramine light)	8
Prevalite® Powder Packs (cholestyramine light).....	8
Prilosec® (omeprazole)	17
Prilosec® Packets (omeprazole)	17
Prinivil® (lisinopril)	3
Pristiq® (desvenlafaxine).....	6
ProAir HFA® (albuterol).....	1
ProAir RespiClick® (albuterol)	1
Procardia® XL (nifedipine ER).....	9
Procentra® (dextroamphetamine).....	5
Procrit® (epoetin alfa).....	10
Prolensa® (bromfenac)	3
Promacta® (eltrombopag).....	19
Proscar®(finasteride).....	5
Protonix® (pantoprazole).....	17
Proventil® HFA (albuterol)	1
Proventil® Inhalation Solution (albuterol)	1
Prozac® capsules (fluoxetine)	6
Prozac® solution (fluoxetine)	6
Prozac® tablets (fluoxetine)	6
Pulmicort Flexhaler™ (budesonide)	2
Pulmicort Respules® (budesonide) *> 7 years of age	2
Pulmicort Respules® (budesonide) *≤ 6 years of age only	2
Qbrelis® (lisinopril solution).....	3
Qnasl® (beclomethasone)	2
Qtern® (dapagliflozin/saxagliptin)	17
Questran Light® (cholestyramine light)	8
Questran® (cholestyramine)	8
Quillichew ER™ (methylphenidate ER)	5
Quillivant XR® (methylphenidate ER).....	5
QVAR RediHaler®(beclomethasone	2
QVAR® (beclomethasone).....	2
Rasuvo® (methotrexate)	14
Refresh® (ketotifen).....	2
Relafen® (nabumetone)	15
Relistor® (methylnaltrexone) (tablets and injection).....	6
Relpax® (eletriptan)	19
Remicade® (infliximab)	11, 12
Renagel® (sevelamer HCl)	16
Renvela® (sevelamer carbonate)	16
Repatha® (evolocumab).....	16
Retin-A® (tretinoin) cream	4
Retin-A® Micro (tretinoin) gel.....	4
Revatio® (sildenafil)	17
Rhinocort AQ® (budesonide)	2
Riomet® (metformin oral solution).....	8



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Ritalin LA® (methylphenidate 50/50).....	5
Ritalin SR® (methylphenidate ER)	5
Ritalin® (methylphenidate)	5
Rituxan® (rituximab)	11
Robaxin® (methocarbamol)	14
Robaxin-750® (methocarbamol)	14
Rosanil® Cleanser (sulfacetamide-sulfur) emulsion.....	4
Rosula® (sulfacetamide-sulfur) pads.....	4
Rozerem® (ramelteon)	17
Ryzolt® (tramadol ER)	16
Saizen® (somatropin)	10
Sanctura® (trospium)	9
Sanctura® XR (trospium ER)	9
Sancuso® (granisetron)	7
Savaysa® (edoxaban).....	6
Savella® (milnacipran).....	6
Sectral® (acebutolol)	8
Serevent® Diskus® (salmeterol)	1
Silenor® (doxepin)	17
Siliq® (brodalumab).....	12
Simbrinza® (brinzolamide/brimonidine tartrate)	3
Simponi Aria® (golimumab)	11
Simponi® (golimumab).....	11, 12
Sitavig® (acyclovir)	7
Skelaxin® (metaxalone)	14
Sklice® (ivermectin).....	13
Soliqua® (insulin glargine/lixisenatide)	13
Soma® (carisoprodol).....	14
Sonata® (zaleplon)	18
Sovaldi® (sofosbuvir)/Olysio® (simprevir) in combination	10
Spiriva® Handihaler® (tiotropium)	1
Spiriva® Respimat (tiotropium)	1
Spritam® (levetiracetam)	5
Sprix® Nasal Spray (ketorolac tromethamine).....	15
SSS 10-5® (sulfacetamide-sulfur) cream	4
Starlix® (nateglinide).....	13
Stelara® (ustekinumab).....	12
Stiolto® Respimat® (tiotropium/olodaterol).....	1
Striverdi® Respimat® (olodaterol).....	1
Sular® (nisoldipine)	9
Sulfacetamide suspension	4
Sulfacetamide-Sulfur lotion	4
Sumadan® (sulfacetamide-sulfur) kit.....	4
Sumadan® Wash (sulfacetamide-sulfur cleanser)	4
Sumavel DosePro® (sumatriptan)	19
Sumaxin® (sulfacetamide-sulfur) pads.....	4
Sumaxin® TS (sulfacetamide-sulfur) suspension	4
Sumaxin® Wash (sulfacetamide-sulfur) liquid	4



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Surmontil® (trimipramine).....	6
Symbicort® (budesonide/formoterol).....	1
Symjepi®(epinephrine).....	5
Symproic® (naldemedine)	6
Syndros® (dronabinol).....	7
Synjardy® (empagliflozin/metformin).....	17
Synjardy® XR (empagliflozin/metformin ER)	17
Tagamet® (cimetidine).....	11
Taltz® (ixekizumab)	12
Tanzeum® (albiglutide)	10
Tarka® (trandolapril/verapamil)	4
Tazorac® (tazarotene) cream	4
Tazorac® (tazarotene) gel	4
Taztia XT ®(diltiazem ER).....	9
Technivie® (ombitasvir/paritaprev/ritonavir).....	10
Tenormin® (atenolol)	8
Testim® (testosterone)	18
Teveten® (eprosartan)	7
Tiazac® (diltiazem)	9
Tivorbex® (indomethacin).....	15
Tobi® (tobramycin).....	2
Tobi® Podhaler™ (tobramycin)	2
TobraDex® (tobramycin/dexamethasone).....	3
TobraDex® ST (tobramycin/dexamethasone).....	3
Tofranil - PM® (imipramine).....	6
Tofranil® (imipramine)	6
Tolectin 600® (tolmetin)	15
Tolectin DS® (tolmetin)	15
Toprol-XL® (metoprolol succinate)	8
Toradol®(ketorolac) (limited to a 5 day supply)	15
Toujeo Solostar® (insulin glargine)	13
Toviaz® (fesoterodine)	9
Tracleer® (bosentan).....	17
Travatan Z® (travoprost)	3
Tremfya®(Guselkumab)	12
Tresiba FlexTouch® (insulin degludec)	13
Tribenzor® (olmesartan/amlodipine/HCTZ).....	7
Tricor® (fenofibrate)	10
Triglide® (fenofibrate).....	10
Trilipix® (fenofibric acid)	10
Troxyca® ER (oxycodone/naltrexone).....	16
Trulance®(plecanatide)	6
Trulicity® (dulaglutide).....	10
Trusopt® (dorzolamide)	3
Tudorza PressAir® (aclidinium)	1
Twynsta® (amlodipine/telmisartan)	8
Tysabri® (natalizumab).....	12
Uceris® (budesonide)	13



PREFERRED DRUG LIST

When a generic product is available, for a preferred or non-preferred agent, the pharmacy will receive a lower reimbursement rate for the branded product unless a DAW PA is obtained.
Products listed in **RED** have changed from the previous month's publication.



Uloric® (febuxostat)	19
Ultram® ER (tramadol ER)	16
Univasc® (moexipril)	3
Uptravi® (selexipag)	17
Urispas® (flavoxate)	9
Utibron™ Neohaler® (indacaterol/glycopyrrolate)	1
Valtrex® (valacyclovir)	7
Vantrela® ER (hydrocodone ER)	16
Vascepa® (icosapent ethyl)	11
Vasotec® (enalapril)	3
Velosulin BR® (excluding multi-dose vials)	13
Velosulin BR® multi-dose vial	13
Velphoro® (sucroferric oxyhydroxide)	16
Veltin® (clindamycin-tretinoin)	4
Ventolin HFA® (albuterol)	1
Ventolin® Inhalation Solution (albuterol)	1
Veramyst® (fluticasone)	2
Verelan PM® (verapamil)	9
Verelan® (verapamil SR)	9
Vesicare® (solifenacin)	9
Viberzi®(eluxadoline)	7
Victoza® (liraglutide)	10
Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir)	10
Viekira® XR (dasabuvir/ombitasvir/paritaprevir/ritonavir)	10
Vimovo®(naproxen/esomeprazole)	15
Viokace® (pancrelipase)	16
Visken® (pindolol)	8
Vivactil® (protriptyline)	6
Vivlodex® (Meloxicam)	15
Vogelxo® (testosterone)	18
Voltaren® Gel (diclofenac)	15
Voltaren® Ophthalmic (diclofenac)	3
Voltaren® XR (diclofenac sodium oral)	15
Voltaren®(diclofenac sodium oral)	15
Vosevi®(sofosbuvir/velpatasvir/voxilaprevir)	11
Vytorin® (ezetimibe/simvastatin)	18
Vyvanse® (lisdexamfetamine)	5
Welchol® Powder (colesevelam)	8
Welchol® Tablets (colesevelam)	8
Xalatan® (latanoprost)	3
Xarelto® (rivaroxaban)	6
Xartemis® XR (oxycodone/acetaminophen ER)	16
Xeljanz® (tofacitinib)	11
Xeljanz® XR (tofacitinib)	11
Xermelo®(telotristat)	7
Xigduo XR®(dapagliflozin/metformin ER)	17
Xopenex HFA® (levalbuterol)	1
Xopenex® Inhalation Solution (levalbuterol)	1



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Xtampza® ER (oxycodone ER)	16
Xultophy® (insulin degludec/liraglutide).....	13
Xyzal® (levocetirizine)	7
Zaditor® (ketotifen).....	2
Zanaflex® Capsules (tizanidine).....	14
Zanaflex® Tablets (tizanidine).....	14
Zantac® (ranitidine).....	11
Zebeta® (bisoprolol).....	8
Zecuity® (sumatriptan).....	19
Zembrace Symtouch® (sumatriptan)	19
Zenpep® (pancrelipase)	16
Zenzedi® (dextroamphetamine)	5
Zepatier® (elbasvir/grazoprevir)	10
Zestril® (lisinopril)	3
Zetonna® (ciclesonide).....	2
Ziac® (bisoprolol/HCTZ).....	8
Ziana® (clindamycin-tretinoin).....	4
Zioptan® (tafluprost).....	3
Zipsor® (diclofenac).....	15
Zocor® (simvastatin)	18
Zofran ODT® (ondansetron).....	7
Zofran® (ondansetron).....	7
Zohydro® ER (hydrocodone ER)	16
Zoloft® (sertraline)	6
Zoloft® solution (sertraline)	6
Zolpidem generics	18
Zolpimist® (zolpidem)	18
Zomacton® (somatropin)	10
Zomig® (zolmitriptan)	19
Zomig-ZMT® (zolmitriptan)	19
Zonegran® (zonisamide)	5
Zontivity® (vorapaxar).....	16
Zorvolex® (diclofenac).....	15
Zovirax® (acyclovir) (oral dosage forms only)	7
Zuplenz® (ondansetron).....	7
Zylet®(Loteprednol/Tobramycin)	3
Zyloprim® (allopurinol)	19
Zyrtec® (cetirizine)	7
Zyrtec® Syrup (cetirizine)	7